



## North Carolina General Assembly

### **Joint Legislative Task Force on Diabetes Prevention and Awareness**

*Representative Tom Murry*

*Senator Louis Pate*

#### Minutes

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Wednesday, February 15, 2012

The Joint Legislative Task Force on Diabetes Prevention and Awareness met on Wednesday, February 15, 2012 at 10:00 in Room 643 of the Legislative Office Building at 10:00 AM. The following members were present: Chairpersons Representative Tom Murry and Senator Louis Pate; and Representatives Nelson Dollar, Mark Hollo, Pat Hurley, and Marvin Lucas; Senators Austin Allran, Harris Blake, William Purcell, and David Rouser. Also, present House Sergeant-at-Arms Bill Bass, Young Bae, and Doug Harris. Senate Sergeant-at-Arms Steve Wilson and Jim Blackburn; Staff persons present included Dan Ettefagh, Amy Jo Johnson, Joyce Jones, and Shawn Parker. The Agenda and Visitor Registration sheets are attached and incorporated into these minutes as **attachments 1, 2, 3, and 4**.

Co-Chair Murry called the meeting to order at 10:05 am and recognized Sergeant-at-Arms referred to Co-Chair Pate for opening remarks. Co-Chair Pate commended lobbying efforts by Representative Tom Murry for organizing The Joint Legislative Task Force on Diabetes Prevention and Awareness. Also, stated how diabetes is epidemic and canvases all social settings.

Co-Chair Murry requested that the committee members who were present introduce themselves to the visitors in attendance. Members who were absent from the meeting included: Representative Jean Farmer-Butterfield and Senator Eric Mansfield; then recognized the Sergeant-at-Arms, Staff and visitors.

Once introductions were made, Co-Chair Murray recognized Jim Straight Executive Director Eastern North Carolina, American Diabetes Association. PowerPoint presentation: **(1)**  
***Government Affairs and Advocacy 2012 Update and Priorities -Here in North Carolina and Across the Nation***

### **Call to Congress**

Our advocates head to Capitol Hill and urge federal policymakers to support legislation that improves diabetes research, education, prevention and treatment. Example: restrictions placed on drivers with diabetes can be discriminatory. NC is way out ahead of curve with Protection for Children – Reduction of sugar sweetened beverages has been successful.

Looking at discrimination issues happening mostly in the Northern states. Assessments should occur on an individual basis, diabetics losing insurance. Example: Cherry Point, NC a one year old girl has been denied access to government child care center because she has diabetes.

North Carolina is 17<sup>th</sup> out of 50 states for population with diabetes. Diabetes is the sixth leading cause of death in the United States accounting for more than 75,000 deaths a year.

### **North Carolina initiatives:**

The American Diabetes Association ***Camp Carolina Trails***, located in King, NC is an exciting week of summer fun for boys and girls entering grades 4-11. The camp is unique because it is designed specifically for youth with diabetes

#### ***Live Empowered Programs:***

- Project POWER
- Super Diabetes Sunday
- Live It Up!

### **Question/Answer:**

Rep. Dollar – suggested addressing insulin problems with Secretary Cansler.

Rep. Lucas – Has ADA worked with schools influenced with diabetes?

Mr. Straight - Yes, vending machine initiative just started

Co-Chair Murry requested to describe research activities.

Mr. Straight – explained UNC and Duke receive funding for research addressing nutrition, education, prevention.

Co-Chair Murry inquired if members had further questions. Dr. Joseph Konen, MD, MSPH Chair, North Carolina Diabetes Advisory Council was then introduced to present PowerPoint presentation (2) ***North Carolina's Response to Diabetes***

Dr. Konen taught family medicine and joined pharmaceutical industry to look for diabetes cure. He is grateful for legislature joining forces of silent epidemic. Diabetes is a leading contributor to NC financial problem.

Following Dr. Konen's presentation, Co-Chair Murry opened the floor for comments from visitors. April Reece of NC DHHS/Division of Public Health shared BCBC of NC working as a partner H.R. 2787: Medicare Diabetes Self-Management Training Act of 2011. Huge advances have been made in heavily populated diabetes area Eastern North Carolina.

### **Question/Answer:**

Senator Purcell – Geographically what percentage of Type 1 diabetes and predisposition factors?

Dr. Konen: shared that is not his area of expertise. Some factors include family history, if genetic markers. Also, mentioned advances in control, i.e. inhaled insulin.

Senator Pate – wide swath in US where diabetes is prevalent, map of NC with same swath. What progress has been made in 30 years?

Dr. Konen – diabetes is under recognized and will eat up Medicaid dollars and private insurance. Numbers continue to rise. However, innovative therapies happening with pancreas transplant.

Rep. Dollar – Not sure which committee it came out of Diabetes Advisory Council. Initiative for it, but meeting were scheduled and cancelled. Were budgetary reasons as to why we haven't had council meetings?

Dr. Konen – over last decade budget has impacted having meetings. Travel expenses have curtailed meetings. There have been 4-5 sub-task force meetings and the committee members pay their own expenses for they want monies to go to people requiring assistance.

Rep. Dollar – recommendation of being able to assist council to meet on a regular basis; mentor plan. He mentioned one if have Type II diabetes, don't feel different after diagnosis. Part of problem is educating of what needs to be done. Diabetes doesn't need to affect lifestyle, but if neglected can cause major problems.

Dr. Konen – most Type II patients percolate 10-15 years before obvious. Also, can become insulin resistant with age. Pancreas must make more insulin. Eventually times out and can then get a blood sugar test which shows subtle changes – can be going on for decades before diagnosis can be made. Thirst and constant urination are signals. If ignored blindness can

occur. Type II in young children 10-12 years old may develop silent markers, which is a very serious problem. (see) Pyramid p. 17

Rep. Hurley – so many people aren't aware how serious the disease is. If hereditary, are children screened at birth?

Dr. Konen – children are not routinely screened, but are observed for warning signs. The obvious signs are: cranky, excessive urination, unexplained weight loss is among some of the signs.

Senator Allran – It is necessary to educate

Co-chair Murry – Endocrinologist will be present at next meeting to explain preventive measures.

Dr. Konen – In general, Diabetes Recognition Program is needed. Not all MD's have diabetic recognition, typical internist or family physician.

Co-chair Murry – opened the floor for comments from visitors

**Ms. Reese –**

Co-Chair Murry inquired if members had further questions Manan Shah, Associate Manager, Government Affairs & Public Policy Novo Nordisk was then introduced to present PowerPoint presentation **(3) *Forecasting the Population and Economic Impact of Diabetes on North Carolina***

This was the first scheduled meeting for The Joint Legislative Task Force on Diabetes Prevention and Awareness.

**Attached is a copy of handout #1 for review.**

**Respectfully Submitted,**

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**Representative Tom Murry,  
Co-Chair**

**Senator Louis Pate,  
Co-Chair**

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**Linda Sebastian  
Committee Assistant**